POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	*M*	*lanted* 48	9/14/00
O.I.P.E. CLASSIFIER	C		9/19/00
FORMALITY REVIEW	EVB	66787	10/24/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
—	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Claim		Date								Claim		Date								Claim		Date							
Final	Original									Final	Original									Final	Original								
1										51										101									
2										52										102									
3										53										103									
4										54										104									
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47										97										147									
48										98										148									
49										99										149									
50										100										150									

If more than 150 claims or 10 actions
staple additional sheet here

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